

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/22/14</p> <p>Facility Number: 000248 Provider Number: 155357 AIM Number: 100291470</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Rawlins House Health & Living Community was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in</p>	K010000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible aggregation of compliance with all regulatory requirements. Our date of compliance is June 6, 2014.</p>	
---------	--	---------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010029 SS=E	<p>resident sleeping rooms. The facility has a capacity of 110 and had a census of 99 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except an outside garage and two sheds which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014	
NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 doors leading to hazardous areas on Northeast hall was provided with self closing devices which would cause the door to automatically close and latch into the door frame. This deficient practice affects 20 residents on Northeast Hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/22/14 at 1:45 p.m. with the Maintenance Supervisor, the Medical records room on Northeast hall contained sixty five cardboard boxes inside the room which was greater than fifty square feet in size and it did not have a self closing device on the corridor door. Based on interview on 05/22/14 at 1:48 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned door leading into the Medical records room containing combustible items was not equipped with a self closing device on the door.</p> <p>3.1-19(b)</p>	K010029	<p>It is the intent of the facility to ensure that hazardous areas are separated by doors with self-closing devices.1. Twenty residents as well as staff and visitors could be affected. On 5-28-14 the maintenance supervisor installed a self-closing device on the door fo the medical records room. 2. The maintenance supervisor has completed an audit of all hazardous areas in the facilityto ensure compliance.3. The maintenance supervisor will monitor hazardous areas and self-closing devices ona monthly basis and review findings with the safety committee on a monthly basis.4. Results of audits/safety committee concerns will be reported to the QA committee monthly for 12 months, to assist with additional recommendations if necessary. Compliance Date 5-28-14</p>	05/28/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K010046 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview, the facility failed to provide documentation of an annual 90 minute functional test for 9 of 9 battery operated lights. LSC Section 7.9.3 requires a functional test be conducted on every required emergency lighting system annually for not less than 1 1/2 hours. This deficient practice could affect all occupants in the facility including staff, visitors and residents if emergency battery powered lights were not available.</p> <p>Findings include:</p> <p>Based on Fire Safety Record review on 05/22/14 at 4:13 p.m. with the Maintenance Supervisor, the facility tested the battery back up emergency lights throughout the facility monthly, and documented a thirty second test, but only conducted an annual test for thirty minutes of time. Based on interview on 05/22/14 at 4:15 p.m. with the Maintenance Supervisor, it was acknowledged the battery back up emergency lights were checked monthly</p>	K010046	<p>It is the intent of the facility to perform the required annual test of the emergency lighting system.</p> <ol style="list-style-type: none"> This practice could affect all occupants in the facility including staff, visitors, and residents. On 6-2-14 the maintenance supervisor completed the annual 90 minute emergency light testing. The annual 90 minute emergency light testing was documented on a log as part of the facility preventative maintenance program. The maintenance supervisor will continue to monitor and document 30 second tests on a monthly basis of the emergency lighting system. Results of the 30 second tests will be reported to the QA committee monthly for 12 months, to assist with additional recommendations if necessary. The QA committee will ensure that the annual testing of the emergency lighting system is 90 minutes in length and completed annually. <p>Compliance Date 6-2-14</p>	06/02/2014
-----------------	---	---------	--	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014	
NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K010056 SS=F	<p>for thirty seconds, but the duration of the annual test was documented as being only for thirty minutes.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 steel armover sprinkler pipes observed in the kitchen was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient</p>	K010056	<p>It is the intent of the facility that the sprinkler system is installed in accordance with NFPA 13.</p> <p>1. This practice could affect staff, visitors, and all residents in the facility if the sprinkler system required repair. On 5-28-14 the maintenance supervisor added a support bracket to the sprinkler pipe in the kitchen area.</p> <p>2. The maintenance supervisor has completed an audit of the automatic sprinkler system in</p>	05/28/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155357	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER RAWLINS HOUSE HEALTH & LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 J H WALKER DR PENDLETON, IN 46064		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>practice could affect staff, visitors and all residents in the building if the sprinkler system required repair.</p> <p>Findings include:</p> <p>Based on observation on 05/22/14 at 2:15 p.m. with the Maintenance Supervisor, a steel sprinkler pipe armoover in the dry storage room of the kitchen adjacent to southeast hall was measured to be sixty inches in length and was unsupported.</p> <p>Based on interview on 05/22/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armoover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p>		<p>facility to ensure the installation is in compliance.</p> <p>3. The maintenance supervisor will continue to monitor and document required testing of the automatic sprinkler system in the logs of the Preventative Maintenance Program.</p> <p>If an outside contractor comes into the building to perform any work, the maintenance supervisor will review area for compliance when contractor is done.</p> <p>4. Results from testing of the sprinkler system will continue to part of the monthly QA committee to ensure continued compliance.</p> <p>Compliance Date 5-28-14</p>		